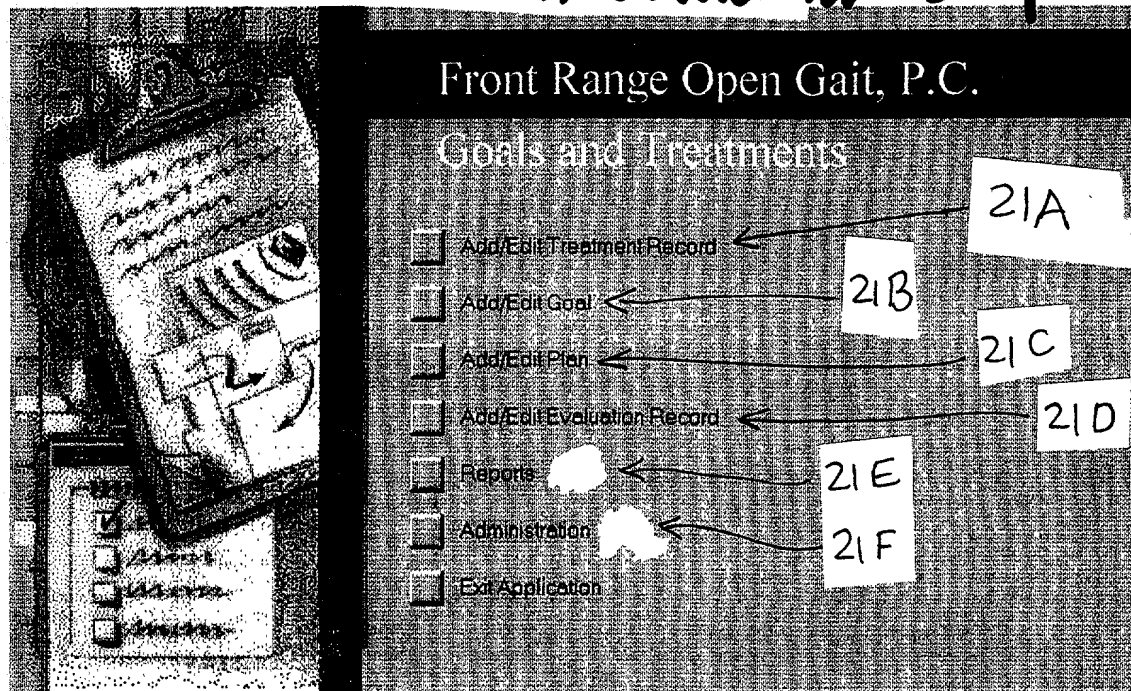


FIG. 1

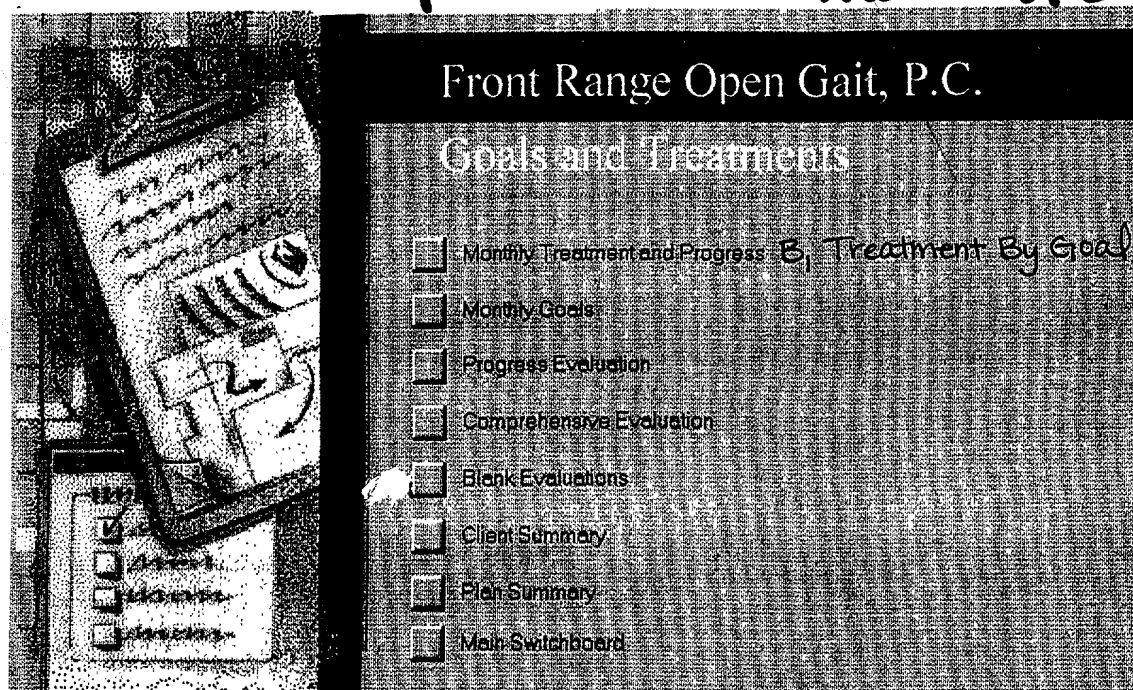
Initial Information Display



20A

FIG. 2A

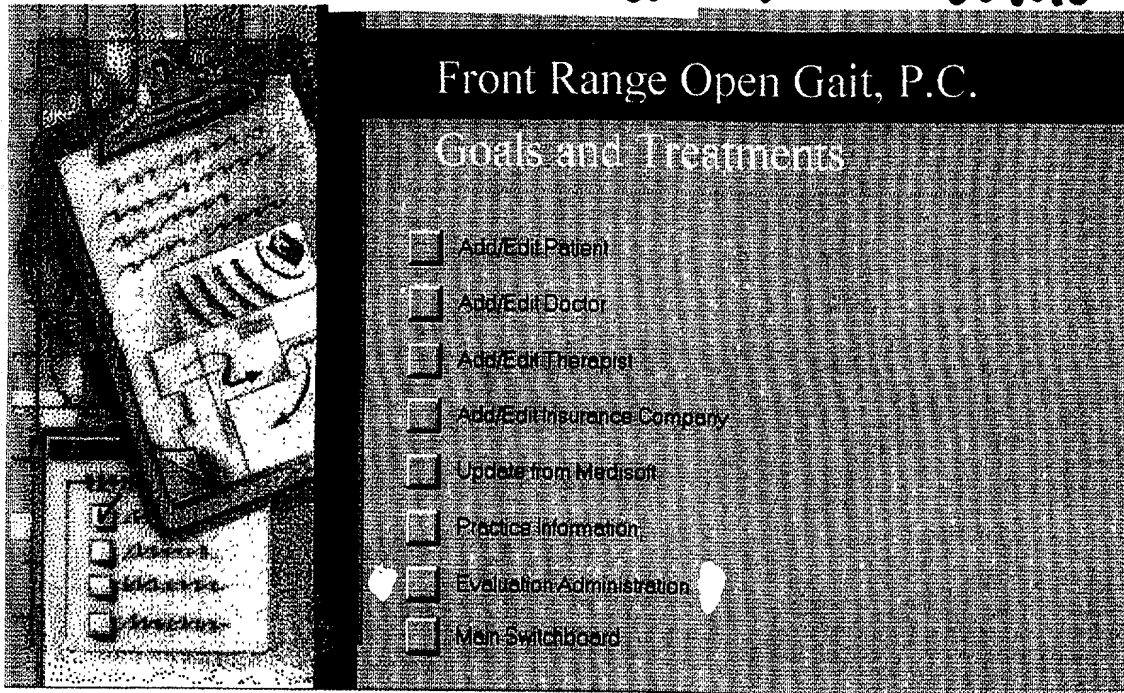
Reports Information Display



20B

FIG. 2B

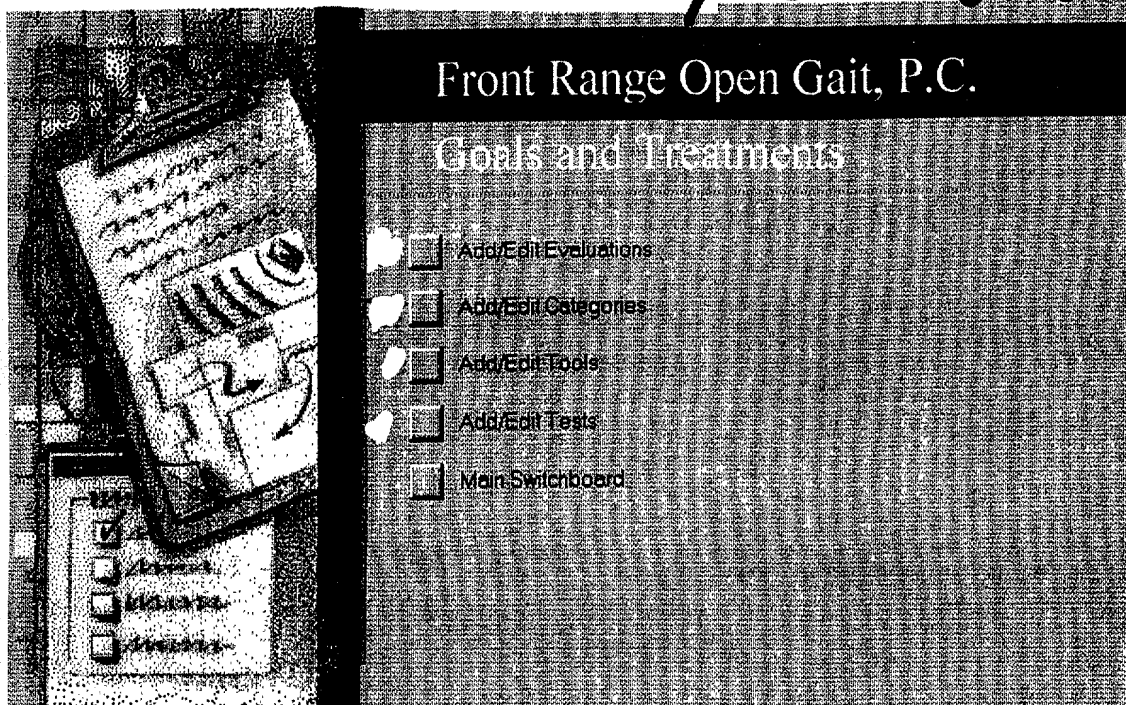
Administration Information Display



20C

FIG. 2C

Evaluation/Administration Display



20D

FIG. 2D

FIG. 2E

25A

Data Entry Initials:

Speech Pathology		Unit	Physical Therapy		Unit	Occupational Therapy		Unit
Evaluation Codes by Discipline								
Speech Evaluation	92506		Physical Therapy Eval.	97001		Occupational Therapy Eval.	97003	
Swallowing/Oral Function Treatment	92526		Physical Therapy RE-Eval.	97002		Occupational Therapy RE-Eval	97004	
Therapy Session			ROM Each extremity		95852	ROM Hand		95852
Speech Treatment	92507		ROM Hand		95851			
Cognitive Skill Development	97532		Physical Test & Measurement (AIMS, GMFM, ASQ, etc.)		97750	Functional Codes		
Sensory Integration	97533							
G Codes - by report			Modalities					
			Traction	97012		Direct Therapeutic Activities	97530	
			Electrical Stimulation	97014		Sensory Integration	97533	
			Whirlpool	97022		Cognitive Skill Development	97532	
Speech Group Therapy	92508		Hot/Cold Pack	97010		ADL Self Care Management	97535	
MODIFIERS			Electrical Stimulation-Manual		97032	Community/Work Reintegration		97537
Distinct Procedural Service	77mcd / 59		Iontophoresis		97033	Wheelchair/Equipment Mgmt.		97542
Reduced Services	52		Ultrasound		97035	Work Hardening/Conditioning		97545
Separate & Significant (Eval & RX same day)	25		Functional Codes			Exercise		
Unusual procedural Service (Co-Treatment)	22		Aquatic Therapy		97113	Aquatic Therapy		97113
			Direct Therapeutic Activities		97530	Therapeutic Exercise/HEP		97110
Physical Therapist	GP		Manual Therapy (Joint Mob, STM)		97140 mcd.	Neuromuscular Re-Education		97112
Occupational Therapist	GO		Cognitive Skill Development		97532	Group Therapy		97150
Speech Therapist	GN		Sensory Integration		97533 mcd.			
EPSDT CLINIC - ONLY			Exercise			Missed Appointments		
Physical Test & Measurement	97750		Massage		97124	Cancelled by Therapist		1000
Team Medical Conf. 30 min.	99361		Therapeutic Exercise/HEP		97110	Cancelled by Patient		1100
Team Medical Conf. 60 min.	99362		Neuromuscular Re-Education		97112	NO SHOW		1110
Office Procedures			Gait/Lower Quarter			I acknowledge receipt of medical services and authorize the release of any medical information necessary to process this claim for healthcare payment.		
Office Visit	99211		Gait Training		97116			
Consultation	99241		Orthotics Training/Fitting		97504			
Miscellaneous Codes			Prosthetics Training		97520			
Unlisted Procedure	99070		Prosthetics/Orthotics Check Out		97703	Parent/Guardian Signature:		
Equipment/Community Codes								
Conveyance of Orthosis/Prosthetics	99002		ADL Self Care Management		97535			
Cast Supplies - \$75.00	A4580		Community/Work Reintegration		97537			
Casting - Invoice Procedure	29799		Wheelchair/Equipment Mgmt.		97542	Witness to Treatment		
Location			Work Hardening/Conditioning		97545			
	Check Box		Group Therapy		97150	Time in: _____ Time out: _____ Preparation/Doc Rev. _____ Returned: _____		
CLINIC			ICDM 9 Codes:					
CLIMBING WALL								
HOME								
ORTHOTIST/DME PROVIDER								
POOL								
RVETC								
SCHOOL								
OTHER						Therapist Signature		
						License #		

267

269

26L

Comments:

Front Range Open Gait

Progress Toward Goal During/After Treatment:

Goals Addressed during Treatment Session	Skilled Intervention Used to Address Goals:	Progress Toward Goal During/After Treatment:		
Appropriate CPT Descriptor	<p>28A</p>	<p>29A</p>		
Speech Therapy				
Re-Evaluation/Consultation				
Cognitive Skill				
Sensory Integration				
Direct Activity				
Aquatic Therapy				
ADL Self Care Mgmt Community Rehab				
Swallowing Treatment				
Gait Training				
Orthotics/Splinting	<p>28B</p>	<p>29B</p>		
Wheelchair/Equipment				
Assistive Technology				
Manual Ther -P.T.				
Therapeutic Exercise				
Neuro Re - Educ				
Teaching Response:				
Change in Plan:			<p>28C</p>	<p>29C</p>
	<p>56CH</p>			
<p>Therapist Signature: License #: _____ Date Transcribed: _____ Initials: _____</p>				

FIG. 2F

30

31A

☐ All records

32A Treatment Date 27-Dec

34A Patient

Goal

Progress

33A Session Length 15

35A Therapist T: M.S., P.T

36A

38A

☐ All records

32B Treatment Date 11-Sep

34B Patient

Goal

Progress

33B Session Length 15

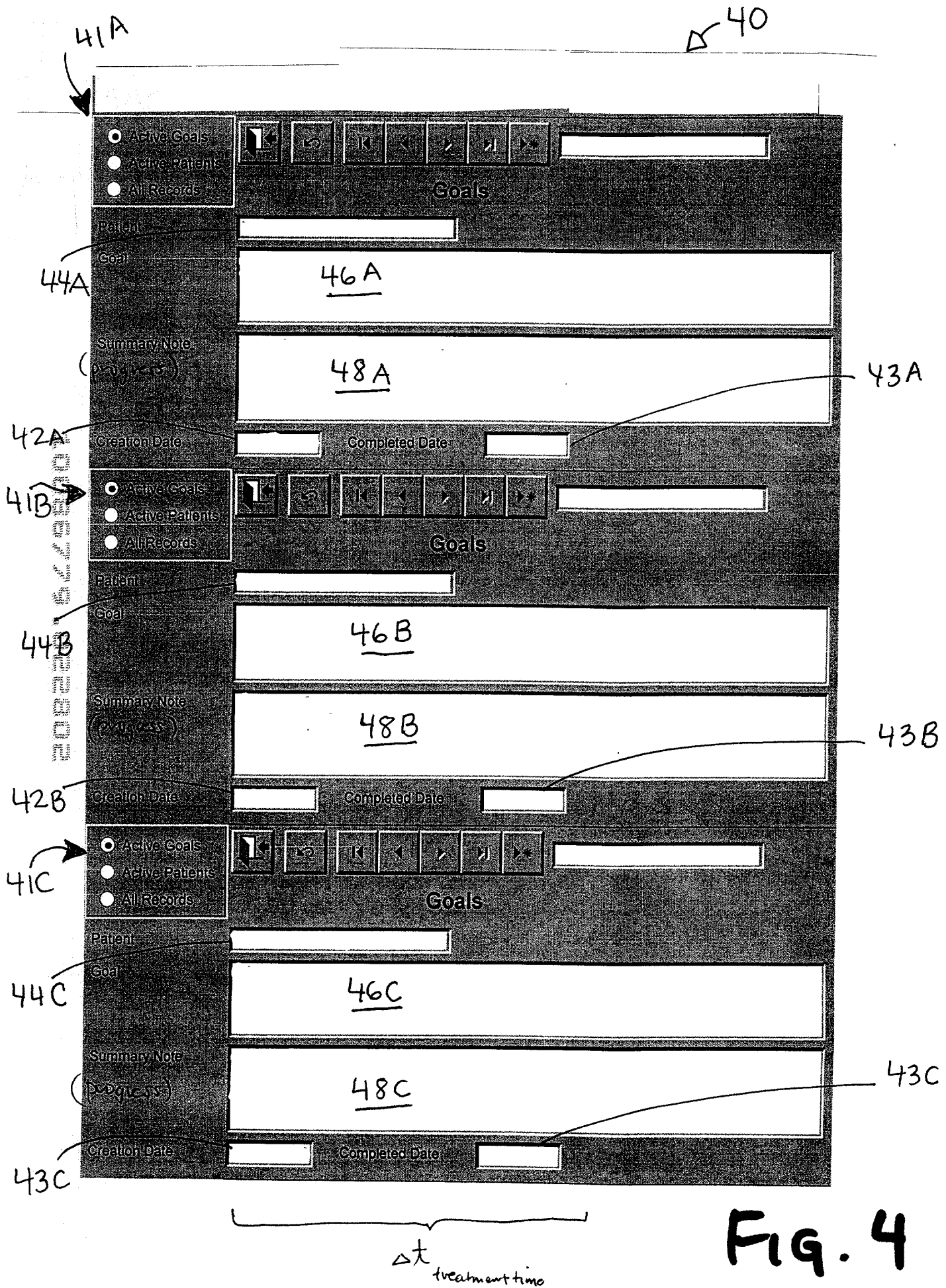
35B Therapist Lisa PT

36B

38B

CKC standing, 1/2 kneeling and transitions with EO/IO facilitation

Fig 3



50

51A

52A

54A

55A

56A

51B

52B

54B

55B

56B

Active Patients
All Records

Plan Date

Patient

Rehab Potential

Good
Fair
Poor

Plan

Implement next month's goals
Re-evaluation
Conference
Equipment
Discharge

Fig. 5

60

61A

☐ All records

Evaluations

62A Evaluation Date

64A Patient Therapist 65A

Evaluation Category Test 69A

66A Tool Test Position Plane

67A

Note 68A

61B

☐ All records

Evaluations

62B Evaluation Date

64B Patient Therapist 65B

Evaluation Category Test 69B

66B Tool Test Position Plane

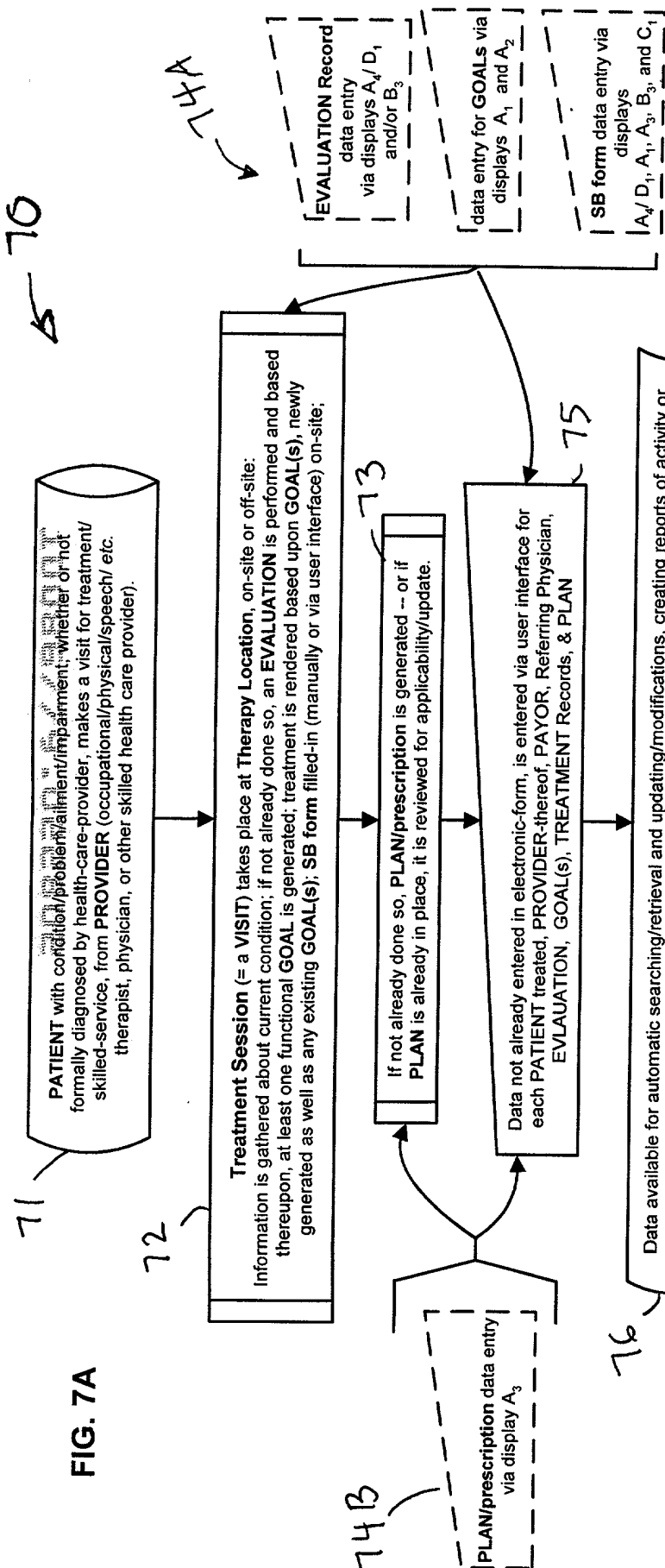
67B

Note 68B

FIG. 6

5-70

FIG. 7A



80

81

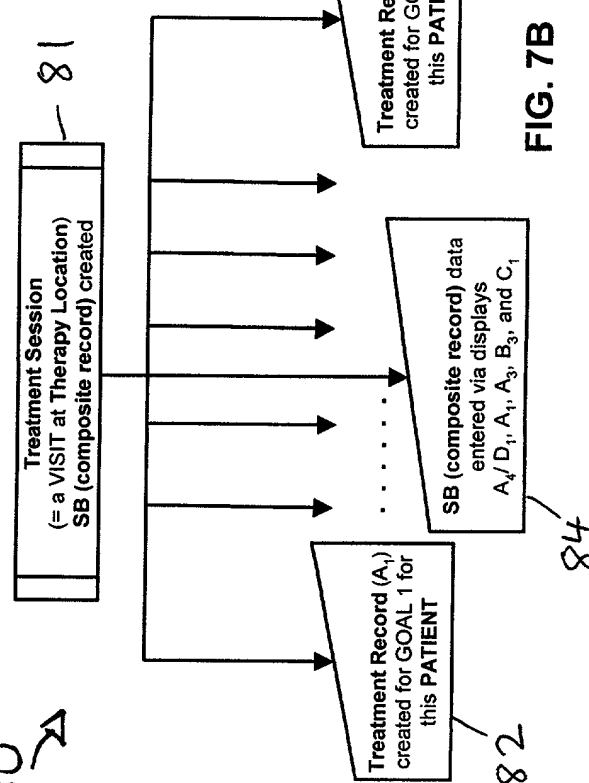


FIG. 7B

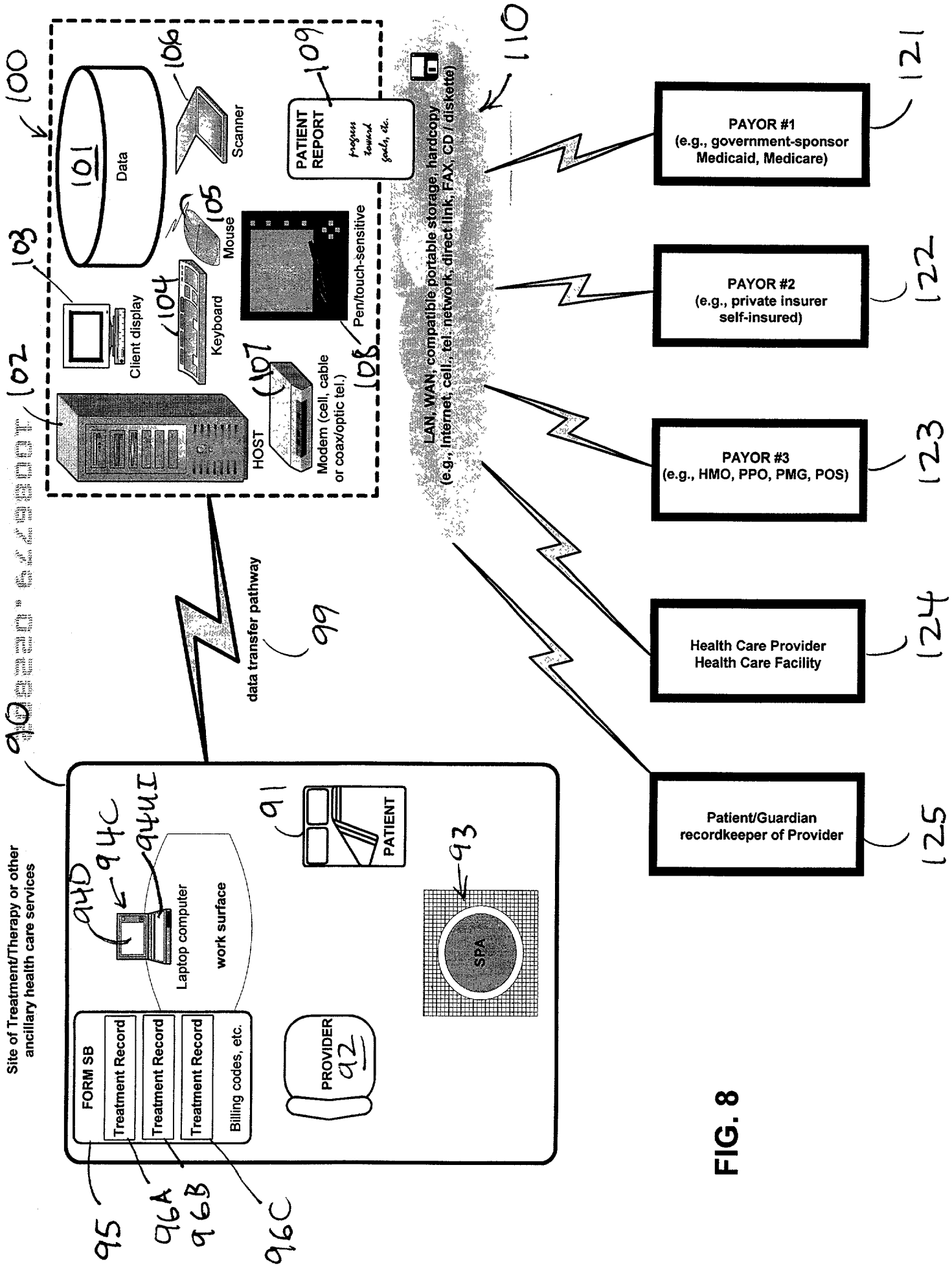


FIG. 8

